

ATTACHMENT HH

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MyEx.com! Naked Pics of Your Ex
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Sex Tapes
Submit your ex Sex Tapes Just Girls Just Guys Get Laid Live ...

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MyEx.com - Wikipedia
https://en.wikipedia.org/wiki/MyEx_com ▾
MyEx.com is a controversial, free revenge porn website focusing on nude photographs of people posted by former lovers along with their real names.

MyEx - Myex.com - Amateur Porn Site - The Porn Dude
<https://theporndude.com> › Amateur Porn Sites ▾
Amateur Porn Sites. ... My Ex is a revenge porn site where you can submit your ex or view other people's and although ThePornDude isn't sure if it's completely user submitted, it's quite fun looking through all of the shamed exes! ... Amateur Porn Sites Like MyEx.

MyEx.com Post Removal | Reputation Stars
reputationstars.com/what-we-do/reputation-repair/myex-com-post-removal/ ▾
About MyEx.com: MyEx.com is a site that allows anyone to post pictures and information about their past girlfriends or boyfriends. This is better known as.

MYEX, MY HEX: A TRIP INTO THE CAULDRON OF REVENGE PORN ...
www.cagoldberglaw.com/myex-my-hex-a-trip-into-the-cauldrone-of-revenge-porn/ ▾
Mar 13, 2014 - The website is myex.com. I was really torn about whether to write that since the last thing I want to do is promote it or draw others to Betty's body ...

REPORT MY EX – Get Revenge! Post or find a cheater in your area.
www.reportmyex.com/ ▾
7 hours ago - ReportMyEx.com exposes cheaters, players and unreliable people to warn their current partners about the person they are dating.

Revenge Porn Site MyEx.com Sued For Copyright Infringement ...
adamsteinbaugh.com/.../revenge-porn-site-myex-com-sued-for-copyright-infringeme... ▾
Mar 7, 2014 - Revenge porn site MyEx.com, along with Google and Yahoo!, has been ... MyEx.com is one of few remaining websites dedicated to so-called ...

MyEx.com Lawsuit: Suing the non-existent owner of a revenge porn
[https://www.internetreputation.com/.../myex-com-lawsuit-suing-the-non-existent-own...](http://www.internetreputation.com/.../myex-com-lawsuit-suing-the-non-existent-own...) ▾
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ATTACHMENT II

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings



**OFFICE OF THE
SECRETARY OF STATE**

KEVIN HAVENS

Job:C20161206-0823

December 7, 2016

NV

Commercial Recordings Division

202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

Special Handling Instructions:

KHAVENS@FTC.GOV

CMR 12-7-16

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1206-0823

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Entity Copies	00010486319-42		19	\$2.00	\$38.00
Total					\$38.00

Payments

Type	Description	Amount
Credit	Redacted Personal Information	\$38.00
Total		\$38.00

Credit Balance: \$0.00**Job Contents:**

NV Corp Copy Request Cover Letter(s): 1

KEVIN HAVENS

NV

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings



**OFFICE OF THE
SECRETARY OF STATE**

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

Copy Request

December 7, 2016

Job Number: C20161206-0823

Reference Number: 00010486319-42

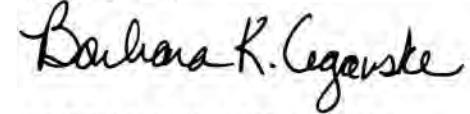
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Through Date:

Document Number(s)	Description	Number of Pages
00001986416-15	Articles of Incorporation	1 Pages/1 Copies
20080583782-73	Initial List	1 Pages/1 Copies
20080630394-85	Amended List	1 Pages/1 Copies
20090725789-89	Annual List	1 Pages/1 Copies
20100302180-07	Amended List	1 Pages/1 Copies
20100503747-19	Annual List	1 Pages/1 Copies
20100876718-50	Registered Agent Change	1 Pages/1 Copies
20120086774-27	Annual List	1 Pages/1 Copies
20120743740-60	Annual List	1 Pages/1 Copies
20130218930-59	Amended List	1 Pages/1 Copies
20130575732-15	Annual List	1 Pages/1 Copies
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20140261079-62	Amended List	1 Pages/1 Copies
20140264663-04	Amended List	1 Pages/1 Copies
20140498244-88	Registered Agent Resignation	1 Pages/1 Copies
20150372153-49	Annual List	1 Pages/1 Copies
20150372154-50	Annual List	1 Pages/1 Copies
20150372155-61	Registered Agent Change	1 Pages/1 Copies
20160317379-29	Certificate of Dissolution	1 Pages/1 Copies

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

Respectfully,



BARBARA K. CEGAVSKE
Secretary of State



ROSS MILLER
 Secretary of State
 206 North Carson Street
 Carson City, Nevada 89701-4299
 (775) 684 5708
 Website: www.nvsos.gov

Articles of Incorporation

(PURSUANT TO NRS CHAPTER 78)

Filed in the office of

Document Number

00001986416-15

Filing Date and Time

08/21/2008 1:26 PM

Entity Number

Redacted

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Corporation:	EMP Media, Inc		
2. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent: _____ Name _____	<input checked="" type="checkbox"/> Office or Position with Entity (name and address below) Neil Infante President Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity	
	<input type="checkbox"/> Noncommercial Registered Agent (name and address below) 6130 Flamingo Road Las Vegas Nevada 89103 Street Address _____ City _____ Zip Code _____	6130 Flamingo Road Las Vegas Nevada 89103 Nevada _____ Zip Code _____	
3. Authorized Stock: (number of shares corporation is authorized to issue)	Number of shares with par value: 35,000	Par value per share: \$.10	Number of shares without par value: 35,000
4. Names and Addresses of the Board of Directors/Trustees: (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than two directors/trustees)	1) Neil Infante Name _____ 6130 Flamingo Road Las Vegas NV 89103 Street Address _____ City _____ State _____ Zip Code _____		
	2) _____ Name _____ Street Address _____ City _____ State _____ Zip Code _____		
5. Purpose: (optional; see instructions)	<i>The purpose of the corporation shall be:</i> _____		
6. Name, Address and Signature of Incorporator: (attach additional page if more than one incorporator)	Name Neil Infante 6130 Flamingo Road Las Vegas NV 89103 Address _____ City _____ State _____ Zip Code _____	X Neil Infante <i>Incorporator Signature</i>	
7. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> X Neil Infante <i>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</i>		
	8-21-08 <i>Date</i>		

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 78 Articles
Revised on 7-1-08

(PROFIT) INITIAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT OF

FILE NUMBER

EMP MEDIA, INC

Redacted

(Name of Corporation)

FOR THE FILING PERIOD OF 8/2008

TO 8/2009

The corporation's duly appointed registered agent in the State of Nevada upon whom process can be served is:

EMP MEDIA, INC C/O NEIL INFANTE, PRESIDENT
6130 FLAMINGO ROAD
LAS VEGAS, NV 89103 USA

Filed in the office of

Ross Miller
Secretary of State
State of Nevada

Document Number

20080583782-73

Filing Date and Time

09/02/2008 10:30 AM

Entity Number

Redacted

 CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR REGISTERED AGENT INFORMATION

Important: Read instructions before completing and returning this form.

(This document was filed electronically.)

THE ABOVE SPACE IS FOR OFFICE USE ONLY

1. Print or type names and addresses either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. Have an officer sign the form **FORM WILL BE RETURNED IF UNSIGNED**.
2. If there are additional directors attach a list of them to this form.
3. Return the completed form with the \$125.00 filing fee. A \$75.00 penalty must be added for failure to file this form by the last day of first month following the incorporation/initial registration with this office.
4. Make your check payable to the Secretary of State. Your cancelled check will constitute a certificate to transact business per NRS 78.155. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701 4201, (775) 884-5708.
- B. Form must be in the possession of the Secretary of State on or before the last day of the first month following the incorporation/initial registration date. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE \$125.00 LATE PENALTY \$75.00

CHECK ONLY IF APPLICABLE This corporation is a publicly traded corporation. The Central Index Key number is: _____ This publicly traded corporation is not required to have a Central Index Key number.

NAME NEIL INFANTE	TITLE(S) PRESIDENT (OR EQUIVALENT OF)			
ADDRESS Redacted Personal Information	CITY LAS VEGAS	ST NV	ZIP Redacted	
NAME NEIL INFANTE	TITLE(S) SECRETARY (OR EQUIVALENT OF)			
ADDRESS Redacted Personal Information	CITY LAS VEGAS	ST NV	ZIP Redacted	
NAME NEIL INFANTE	TITLE(S) TREASURER (OR EQUIVALENT OF)			
ADDRESS Redacted Personal Information	CITY LAS VEGAS	ST NV	ZIP Redacted	
NAME NEIL INFANTE	TITLE(S) DIRECTOR			
ADDRESS Redacted Personal Information	CITY LAS VEGAS	ST NV	ZIP Redacted	

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 380.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Officer NEIL INFANTE

Title **PRESIDENT**Date **9/2/2008 10:45:06 AM**

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT OF
EMP MEDIA, INC

FILE NUMBER

Redacted

(Name of Corporation)

FOR THE FILING PERIOD OF 8/2008

TO 8/2009

The corporation's duly appointed registered agent in the State of Nevada upon whom process can be served is:

EMP MEDIA, INC C/O NEIL INFANTE, PRESIDENT
6130 FLAMINGO ROAD
LAS VEGAS, NV 89103 USA

Filed in the office of

Ross Miller
Secretary of State
State of Nevada

Document Number

20080630394-85

Filing Date and Time

09/23/2008 6:10 PM

Entity Number

Redacted

 CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR REGISTERED AGENT INFORMATION

Important Read instructions before completing and returning this form.

(This document was filed electronically.)

THE ABOVE SPACE IS FOR OFFICE USE ONLY

- Print or type names and addresses either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors and all directors must be named. Have an officer sign the form. FORM WILL BE RETURNED IF UNSIGNED.
- If there are additional directors attach a list of them to this form.
- Return the completed to with the filing fee. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- Make your check payable to the Secretary of State. Your cancelled check will constitute a certificate to transact business per NRS 78.155. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 897014201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

CHECK ONLY IF APPLICABLE

- This corporation is a publicly traded corporation. The Central Index Key number is: _____
- This publicly traded corporation is not required to have a Central Index Key number.

NAME BURAK BASKAN	TITLE(S) PRESIDENT (OR EQUIVALENT OF)			
ADDRESS Redacted Personal Information	CITY LAS VEGAS	St NV	Zip Redacted	
NAME NEIL INFANTE	TITLE(S) SECRETARY (OR EQUIVALENT OF)			
ADDRESS Redacted Personal Information	CITY LAS VEGAS	St NV	Zip Redacted	
NAME NEIL INFANTE	TITLE(S) TREASURER (OR EQUIVALENT OF)			
ADDRESS Redacted Personal Information	CITY LAS VEGAS	St NV	Zip Redacted	
NAME NEIL INFANTE	TITLE(S) DIRECTOR			
ADDRESS Redacted Personal Information	CITY LAS VEGAS	St NV	Zip Redacted	

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 380.780 and acknowledge that pursuant to NRS 289.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Officer

BURAK BASKAN

Title: **PRESIDENT**Date: 9/23/2008 6:23:10
PM

EMP MEDIA, INC

NAME OF CORPORATION

FOR THE FILING PERIOD OF 8/2009 TO 8/2010****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

EMP MEDIA, INC C/O NEIL INFANTE, PRESIDENT
 6130 FLAMINGO ROAD
 LAS VEGAS, NV 89103 USA

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

 Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT: Read instructions before completing and returning this form**

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the complete form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee of \$2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code: _____ Month and year your State Business License expires: _____ 20_____ This corporation is a publicly traded corporation. The Central Index Key number is: _____ This publicly traded corporation is not required to have a Central Index Key number.**Section 7(2) Exemption Codes**

- 001 - Governmental Entity
 002 - 501(c) Nonprofit Entity
 003 - Home-based Business
 004 - Natural Person with 4 or less rental dwelling units
 005 - Motion Picture Company

NAME

BURAK BASKAN

ADDRESS

Redacted Personal Information

TITLE(S)

PRESIDENT (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

Redacted

NAME

NEIL INFANTE

ADDRESS

Redacted Personal Information

TITLE(S)

SECRETARY (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

Redacted

NAME

NEIL INFANTE

ADDRESS

Redacted Personal Information

TITLE(S)

TREASURER (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

Redacted

NAME

NEIL INFANTE

ADDRESS

Redacted Personal Information

TITLE(S)

DIRECTOR

CITY

LAS VEGAS

STATE

NV

ZIP CODE

Redacted

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

BURAK BASKAN

X

Signature of Officer

Title

PRESIDENT

Date

10/5/2009 2:36:01 PM

Nevada Secretary of State Annual List Profit
Revised: 8-5-09

EMP MEDIA, INC

NAME OF CORPORATION

FOR THE FILING PERIOD OF 8/2009 TO 8/2010****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

EMP MEDIA, INC C/O NEIL INFANTE, PRESIDENT
6130 FLAMINGO ROAD
LAS VEGAS, NV 89103 USA

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

 Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT: Read instructions before completing and returning this form**

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the complete form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
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CHECK ONLY IF APPLICABLE

- Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code: _____
- Month and year your State Business License expires: _____ 20 _____
- This corporation is a publicly traded corporation. The Central Index Key number is: _____
- This publicly traded corporation is not required to have a Central Index Key number.

Section 7(2) Exemption Codes

- 001 - Governmental Entity
002 - 501(c) Nonprofit Entity
003 - Home-based Business
004 - Natural Person with 4 or less rental dwelling units
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME

BURAK BASKAN

ADDRESS

Redacted Personal Information

TITLE(S)

PRESIDENT (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

Redacted

NAME

NEIL INFANTE

ADDRESS

Redacted Personal Information

TITLE(S)

SECRETARY (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

Redacted

NAME

SHAD APPLEGATE

ADDRESS

6130 FLAMINGO RD , USA

TITLE(S)

TREASURER (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

NAME

NEIL INFANTE

ADDRESS

Redacted Personal Information

TITLE(S)

DIRECTOR

CITY

LAS VEGAS

STATE

NV

ZIP CODE

Redacted

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

BURAK BASKAN

X

Signature of Officer

Title

PRESIDENT

Date

5/3/2010 4:41:04 PM

Nevada Secretary of State Annual List Profit
Revised: 8-5-09

EMP MEDIA, INC

NAME OF CORPORATION

FOR THE FILING PERIOD OF 8/2010 TO 8/2011****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

EMP MEDIA, INC C/O NEIL INFANTE, PRESIDENT
6130 FLAMINGO ROAD
LAS VEGAS, NV 89103 USA

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

 Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT: Read instructions before completing and returning this form**

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the complete form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE

- Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code: _____
- Month and year your State Business License expires: _____ 20 _____
- This corporation is a publicly traded corporation. The Central Index Key number is: _____
- This publicly traded corporation is not required to have a Central Index Key number.

Section 7(2) Exemption Codes

- 001 - Governmental Entity
002 - 501(c) Nonprofit Entity
003 - Home-based Business
004 - Natural Person with 4 or less rental dwelling units
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME

BURAK BASKAN

ADDRESS

Redacted Personal Information

TITLE(S)

PRESIDENT (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

Redacted

NAME

NEIL INFANTE

ADDRESS

Redacted Personal Information

TITLE(S)

SECRETARY (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

Redacted

NAME

SHAD APPLEGATE

ADDRESS

6130 FLAMINGO RD , USA

TITLE(S)

TREASURER (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

NAME

NEIL INFANTE

ADDRESS

Redacted Personal Information

TITLE(S)

DIRECTOR

CITY

LAS VEGAS

STATE

NV

ZIP CODE

Redacted

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

BURAK BASKAN

X

Signature of Officer

Title

PRESIDENT

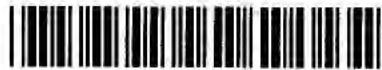
Date

7/8/2010 3:28:47 PM

Nevada Secretary of State Annual List Profit
Revised: 8-5-09



ROSS MILLER
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov



181002

Statement of Change of Registered Agent by Represented Entity

(PURSUANT TO NRS 77.340)

Filed in the office of

Ross Miller
 Secretary of State
 State of Nevada

Document Number

20100876718-50

Filing Date and Time

11/22/2010 4:03 PMEntity Number
Redacted

This form may be submitted by: the Represented Entity to appoint a new Registered Agent or amend own service of process info. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Represented Entity:

EMP MEDIA, INC

2. Entity File Number: **Redacted**

3. This statement of change will have the following effect: (check only one)

- Appoints a new agent for service of process (complete 4a or 4b)
 Updates contact information of the Represented Entity acting as own agent (complete 4c)

4. Information in effect upon the filing of this statement: (complete only one section)

a) Commercial Registered Agent:

Name

b) Noncommercial Registered Agent:

KEITH E. GREGORY & ASSOCIATES

Name

Redacted Personal Information

Street Address

LAS VEGAS

City

Nevada

Redacted

Zip Code

Mailing Address (if different from street address)

City

Nevada

Redacted

Zip Code

c) Title of Office or Other Position within Represented Entity:

Name of Title or Position

Street Address

City

Nevada

Redacted

Zip Code

Mailing Address (if different from street address)

City

Nevada

Redacted

Zip Code

5. Signature of Represented Entity: (required)

X

Authorized Signature

11/22/10

Date

6. Registered Agent Acceptance: (required)

I hereby accept appointment as Registered Agent for the above named Entity.

X

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

11/22/10

Date

FEE: \$60.00

This form must be accompanied by appropriate fees.

Nevada Secretary of State Form RA Change by Entity
 Effective 5-13-10

EMP MEDIA, INC

NAME OF CORPORATION

FOR THE FILING PERIOD OF TO ****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

KEITH GREGORY & ASSOCIATES

Redacted Personal Information

LAS VEGAS, NV

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

 Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT: Read instructions before completing and returning this form**

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the complete form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code: Month and year your State Business License expires: 20 This corporation is a publicly traded corporation. The Central Index Key number is: This publicly traded corporation is not required to have a Central Index Key number.**Section 7(2) Exemption Codes**

- 001 - Governmental Entity
 002 - 501(c) Nonprofit Entity
 003 - Home-based Business
 004 - Natural Person with 4 or less rental dwelling units
 005 - Motion Picture Company
 006 - NRS 680B.020 Insurance Co.

NAME

BURAK BASKAN

ADDRESS

Redacted Personal Information

TITLE(S)

PRESIDENT (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

Redacted

NAME

NEIL INFANTE

ADDRESS

Redacted Personal Information

TITLE(S)

SECRETARY (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

Redacted

NAME

SHAD APPLEGATE

ADDRESS

6130 FLAMINGO RD , USA

TITLE(S)

TREASURER (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

NAME

NEIL INFANTE

ADDRESS

Redacted Personal Information

TITLE(S)

DIRECTOR

CITY

LAS VEGAS

STATE

NV

ZIP CODE

Redacted

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

SHAD APPLEGATE

X

Signature of Officer

Title

TREASURER

Date

2/6/2012 12:40:53 PM

Nevada Secretary of State Annual List Profit
Revised: 8-5-09

EMP MEDIA, INC

NAME OF CORPORATION

FOR THE FILING PERIOD OF 8/2012 TO 8/2013****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

KEITH GREGORY & ASSOCIATES

Redacted Personal Information

LAS VEGAS, NV

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

- Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
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CHECK ONLY IF APPLICABLE

- Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code:
- Month and year your State Business License expires: 20
- This corporation is a publicly traded corporation. The Central Index Key number is:
- This publicly traded corporation is not required to have a Central Index Key number.

Section 7(2) Exemption Codes

- | | |
|-----|---|
| 001 | - Governmental Entity |
| 002 | - 501(c) Nonprofit Entity |
| 003 | - Home-based Business |
| 004 | - Natural Person with 4 or less rental dwelling units |
| 005 | - Motion Picture Company |
| 006 | - NRS 680B.020 Insurance Co. |

NAME
SHAD APPLEGATEADDRESS
6130 FLAMINGO RD , USANAME
SHAD APPLEGATEADDRESS
6130 FLAMINGO RD , USANAME
SHAD APPLEGATEADDRESS
6130 FLAMINGO RD , USANAME
SHAD APPLEGATEADDRESS
6130 FLAMINGO RD , USA

TITLE(S)

PRESIDENT (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

TITLE(S)

SECRETARY (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

TITLE(S)

TREASURER (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

TITLE(S)

DIRECTOR

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

SHAD APPLEGATE

X

Signature of Officer

Title

PRESIDENT

Date

10/31/2012 12:58:36 PM

Nevada Secretary of State Annual List Profit
Revised: 8-5-09

EMP MEDIA, INC

NAME OF CORPORATION

Redacted

FOR THE FILING PERIOD OF **AUG, 2012** TO **AUG, 2013******YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

KEITH GREGORY & ASSOCIATES

Redacted Personal Information

LAS VEGAS, NVA FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov**USE BLACK INK ONLY - DO NOT HIGHLIGHT** **Return one file stamped copy.** (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)**IMPORTANT: Read instructions before completing and returning this form**

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CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: **NRS 76.020 Exemption Codes**

- 001 - Governmental Entity
 005 - Motion Picture Company
 006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees. This corporation is a publicly traded corporation. The Central Index Key number is: This publicly traded corporation is not required to have a Central Index Key number.

NAME

DENA RENEE WRIGHT

ADDRESS

6130 FLAMINGO RD , USA

TITLE(S)

PRESIDENT (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

NAME

SHAD APPLEGATE

ADDRESS

6130 FLAMINGO RD , USA

TITLE(S)

SECRETARY (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

NAME

SHAD APPLEGATE

ADDRESS

6130 FLAMINGO RD , USA

TITLE(S)

TREASURER (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

NAME

SHAD APPLEGATE

ADDRESS

6130 FLAMINGO RD , USA

TITLE(S)

DIRECTOR

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

I declare, to the best of my knowledge Under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

NEIL INFANTE

X

Title

CEO

Date

4/1/2013 3:09:10 PM

Signature of OfficerNevada Secretary of State Annual List Profit
Revised 3-9-12

EMP MEDIA, INC

NAME OF CORPORATION

Redacted

FOR THE FILING PERIOD OF **AUG, 2013** TO **AUG, 2014******YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

KEITH GREGORY & ASSOCIATES

Redacted Personal Information

LAS VEGAS, NV

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

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- 3 Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
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006 - NRS 680B.020 Insurance Co.

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NAME

DENA RENEE WRIGHT

ADDRESS

6130 FLAMINGO RD , USA

TITLE(S)

PRESIDENT (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

NAME

SHAD APPLEGATE

ADDRESS

6130 FLAMINGO RD , USA

TITLE(S)

SECRETARY (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

NAME

SHAD APPLEGATE

ADDRESS

6130 FLAMINGO RD , USA

TITLE(S)

TREASURER (OR EQUIVALENT OF)

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

NAME

SHAD APPLEGATE

ADDRESS

6130 FLAMINGO RD , USA

TITLE(S)

DIRECTOR

CITY

LAS VEGAS

STATE

NV

ZIP CODE

89103

I declare, to the best of my knowledge Under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

SHAD APPLEGATE

X

Signature of Officer

Title

SECRETARY

Date

8/30/2013 3:29:02 PM

Nevada Secretary of State Annual List Profit
Revised 3-9-12

LICENSE APPLICATION OF:

EMP MEDIA, INC

NAME OF CORPORATION

FOR THE FILING PERIOD OF AUG, 2013 TO AUG, 2014

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

- Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form

1 Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**

2 If there are additional officers, attach a list of them to this form.

3 Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.

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7 Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708

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Filed in the office of

Ross Miller
Secretary of State
State of Nevada

Document Number

20140083318-80

Filing Date and Time

02/03/2014 11:47 AM

Entity Number

Redacted

(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

- Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NRS 76.020 Exemption Codes

001 - Governmental Entity

005 - Motion Picture Company

006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

- This corporation is a publicly traded corporation. The Central Index Key number is:

- This publicly traded corporation is not required to have a Central Index Key number.

NAME BOGDAN PRUNES	TITLE(S) PRESIDENT (OR EQUIVALENT OF)	STATE NV	ZIP CODE Redacted
ADDRESS Redacted Personal Information	CITY LAS VEGAS		
NAME SHAD APPLEGATE	TITLE(S) SECRETARY (OR EQUIVALENT OF)	STATE NV	ZIP CODE 89103
ADDRESS 6130 FLAMINGO RD , USA	CITY LAS VEGAS		
NAME DENA RENEE WRIGHT	TITLE(S) TREASURER (OR EQUIVALENT OF)	STATE NV	ZIP CODE 89103
ADDRESS 6130 FLAMINGO RD , USA	CITY LAS VEGAS		
NAME SHAD APPLEGATE	TITLE(S) DIRECTOR	STATE NV	ZIP CODE 89103
ADDRESS 6130 FLAMINGO RD , USA	CITY LAS VEGAS		

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X NEIL INFANTE

Title DIRECTOR Date 2/3/2014 11:47:32 AM

**Signature of Officer or
Other Authorized Signature**Nevada Secretary of State List Profit
Revised 7-31-13

LICENSE APPLICATION OF:

EMP MEDIA, INC

NAME OF CORPORATION

FOR THE FILING PERIOD OF AUG, 2013 TO AUG, 2014

ENTITY NUMBER

Redacted



100101

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

- Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form

1 Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**

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Filed in the office of

Ross Miller
Secretary of State
State of Nevada

Document Number

20140261079-62

Filing Date and Time

04/08/2014 12:24 PM

Entity Number

Redacted

(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

- Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NRS 76.020 Exemption Codes

- 001 - Governmental Entity
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006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

- This corporation is a publicly traded corporation. The Central Index Key number is:

- This publicly traded corporation is not required to have a Central Index Key number.

NAME B. LAMBERT	TITLE(S) PRESIDENT (OR EQUIVALENT OF)	STATE NV	ZIP CODE Redacted
ADDRESS Redacted Personal Information	CITY SPARKS		
NAME B. LAMBERT	TITLE(S) SECRETARY (OR EQUIVALENT OF)	STATE NV	ZIP CODE Redacted
ADDRESS Redacted Personal Information	CITY SPARKS		
NAME B. LAMBERT	TITLE(S) TREASURER (OR EQUIVALENT OF)	STATE NV	ZIP CODE Redacted
ADDRESS Redacted Personal Information	CITY SPARKS		
NAME B. LAMBERT	TITLE(S) DIRECTOR	STATE NV	ZIP CODE Redacted
ADDRESS Redacted Personal Information	CITY SPARKS		

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X B. LAMBERT

Title PRESIDENT Date **4/8/2014 12:24:08 PM**

**Signature of Officer or
Other Authorized Signature**Nevada Secretary of State List Profit
Revised 7-31-13

LICENSE APPLICATION OF:

EMP MEDIA, INC

NAME OF CORPORATION

ENTITY NUMBER

Redacted

FOR THE FILING PERIOD OF AUG, 2013 TO AUG, 2014

USE BLACK INK ONLY - DO NOT HIGHLIGHT

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Filed in the office of

Ross Miller
Secretary of State
State of Nevada

Document Number

20140264663-04

Filing Date and Time

04/09/2014 2:53 PM

Entity Number

Redacted

(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

- Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NRS 76.020 Exemption Codes

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- This publicly traded corporation is not required to have a Central Index Key number.

NAME B. LAMBERT	TITLE(S) PRESIDENT (OR EQUIVALENT OF)	STATE NV	ZIP CODE Redacted
ADDRESS Redacted Personal Information	CITY SPARKS		
NAME SHAD APPLEGATE	TITLE(S) SECRETARY (OR EQUIVALENT OF)	STATE NV	ZIP CODE 89103
ADDRESS 6130 FLAMINGO , USA	CITY LAS VEGAS		
NAME B. LAMBERT	TITLE(S) TREASURER (OR EQUIVALENT OF)	STATE NV	ZIP CODE Redacted
ADDRESS Redacted Personal Information	CITY SPARKS		
NAME B. LAMBERT	TITLE(S) DIRECTOR	STATE NV	ZIP CODE Redacted
ADDRESS Redacted Personal Information	CITY SPARKS		

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X SHAD APPLEGATE

Title SECRETARY Date 4/9/2014 2:52:59 PM

**Signature of Officer or
Other Authorized Signature**

Nevada Secretary of State List Profit
Revised 7-31-13



ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvssos.gov



180402

Statement of Resignation of Registered Agent

(PURSUANT TO NRS 77.370)

This form may be submitted by: a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit <http://www.nvsoa.gov/index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Registered Agent:

Filed in the office of

| Document Number

20140498244-88

Filing Date and Time

07/10/2014 5:53 AM

Ross Miller
Secretary of State
State of Nevada

Entity Number

Redacted

1. Name of Registered Agent:	KEITH GREGORY & ASSOCIATES
2. The above named registered agent resigns from serving as agent for service of process for the following entity(ies) and will send notice required by NRS 77.370 subsection 3 to the name and address stated for each. List entities in <u>alphabetical order</u> . Resigning agent may write "see attached list" in area below and attach a spreadsheet listing the entities in <u>alphabetical order</u> with required information provided.	

Entity Name	Entity Number	Name and Address Where Notice Sent		
EMP MEDIA, INC	Redacted	Shad Applegate	Redacted Personal Information	Las Vegas, NV Redacted
J.P. SLACK AND COMPANY, LLC	Redacted	Revoked	Address unknown	

X

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

EFFECTIVE DATE: This statement of resignation takes effect on the earlier of the 31st day after the day on which it is filed or the appointment of a new registered agent for the represented entity.

FEE: \$100.00 for the first entity and \$1.00 for each additional entity. (NRS 77.280)

Nevada Secretary of State Form RA Resignation

(PROFIT) INITIAL ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF:

Case 2:18-cv-00035-APG-NJK Document 28-17 Filed 06/14/18 Page 22 of 58

ENTITY NUMBER

EMP Media, Inc.

NAME OF CORPORATION

FOR THE FILING PERIOD OF

8/31/14

TO

8/31/15

Redacted



100103

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

- Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**

2. If there are additional officers, attach a list of them to this form.

3. Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.

4. State business license fee is \$500.00/\$200.00 for Professional Corporations filed pursuant to NRS Chapter 89. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.

5. Make your check payable to the Secretary of State.

6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.

7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5705.

8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ABOVE SPACE IS FOR OFFICE USE ONLY

Filed in the office of

Barbara K. Cegavske

Secretary of State

State of Nevada

Document Number

20150372153-49

Filing Date and Time

08/20/2015 10:26 AM

Entity Number

Redacted

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NRS 76.020 Exemption Codes

001 - Governmental Entity

005 - Motion Picture Company

006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

This corporation is a publicly traded corporation. The Central Index Key number is:

This publicly traded corporation is not required to have a Central Index Key number.

NAME Neil Infante	TITLE(S) PRESIDENT (OR EQUIVALENT OF)	CITY Las Vegas	STATE NV	ZIP CODE 89103
ADDRESS 6130 Flamingo Rd. #732				
NAME Neil Infante	TITLE(S) SECRETARY (OR EQUIVALENT OF)	CITY Las Vegas	STATE NV	ZIP CODE 89103
ADDRESS 6130 Flamingo Rd. #732				
NAME Neil Infante	TITLE(S) TREASURER (OR EQUIVALENT OF)	CITY Las Vegas	STATE NV	ZIP CODE 89103
ADDRESS 6130 Flamingo Rd. #732				
NAME Neil Infante	TITLE(S) DIRECTOR	CITY Las Vegas	STATE NV	ZIP CODE 89103
ADDRESS 6130 Flamingo Rd. #732				

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**Signature of Officer or
Other Authorized Signature**

Title President	Date 8/20/15
--------------------	-----------------

Nevada Secretary of State List Profit
Revised: 7-1-15

Att. II - Page 19

**(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS
LICENSE APPLICATION OF:**

EMP Media, Inc.

NAME OF CORPORATION

FOR THE FILING PERIOD OF TO

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ENTITY NUMBER

Redacted



100103

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

- Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**

2. If there are additional officers, attach a list of them to this form.

3. Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.

4. State business license fee is \$500.00/\$200.00 for Professional Corporations filed pursuant to NRS Chapter 89. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.

5. Make your check payable to the Secretary of State.

6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.

7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.

8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ABOVE SPACE IS FOR OFFICE USE ONLY

Filed in the office of

Barbara K. Cegavske

Secretary of State
State of Nevada

Document Number

20150372154-50

Filing Date and Time

08/20/2015 10:26 AM

Entity Number

Redacted

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: **NOTE:** If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees. This corporation is a publicly traded corporation. The Central Index Key number is: This publicly traded corporation is not required to have a Central Index Key number.**NRS 76.020 Exemption Codes**

- 001 - Governmental Entity
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME <input type="text" value="Neil Infante"/>	TITLE(S) PRESIDENT (OR EQUIVALENT OF)
ADDRESS <input type="text" value="6130 Flamingo Rd. #732"/>	CITY <input type="text" value="Las Vegas"/> STATE <input type="text" value="NV"/> ZIP CODE <input type="text" value="89103"/>
NAME <input type="text" value="Neil Infante"/>	TITLE(S) SECRETARY (OR EQUIVALENT OF)
ADDRESS <input type="text" value="6130 Flamingo Rd. #732"/>	CITY <input type="text" value="Las Vegas"/> STATE <input type="text" value="NV"/> ZIP CODE <input type="text" value="89103"/>
NAME <input type="text" value="Neil Infante"/>	TITLE(S) TREASURER (OR EQUIVALENT OF)
ADDRESS <input type="text" value="6130 Flamingo Rd. #732"/>	CITY <input type="text" value="Las Vegas"/> STATE <input type="text" value="NV"/> ZIP CODE <input type="text" value="89103"/>
NAME <input type="text" value="Neil Infante"/>	TITLE(S) DIRECTOR
ADDRESS <input type="text" value="6130 Flamingo Rd. #732"/>	CITY <input type="text" value="Las Vegas"/> STATE <input type="text" value="NV"/> ZIP CODE <input type="text" value="89103"/>

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**Signature of Officer or
Other Authorized Signature**

Title

Date

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Statement of Change of Registered Agent by Represented Entity

(PURSUANT TO NRS 77.340)

This form may be submitted by: the Represented Entity to appoint a new Registered Agent or amend own service of process info. For more information please visit <http://www.nvsos.gov/Index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Filed in the office of

*Barbara K. Cegavske*Barbara K. Cegavske
Secretary of State
State of Nevada

Document Number

20150372155-61

Filing Date and Time

08/20/2015 10:26 AM

Entity Number

Redacted

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Represented Entity:

EMP Media, Inc.

2. Entity File Number: Redacted

3. This statement of change will have the following effect: (check only one)

- Appoints a new agent for service of process (complete 4a or 4b)
 Updates contact information of the Represented Entity acting as own agent (complete 4c)

4. Information in effect upon the filing of this statement: (complete only one section)

a) Commercial Registered Agent:

Name

b) Noncommercial Registered Agent:

Name

Street Address	City	Nevada	Zip Code
----------------	------	--------	----------

Mailing Address (if different from street address)	City	Nevada	Zip Code
--	------	--------	----------

c) Title of Office or Other Position within Represented Entity:

Neil Infante / President

Name of Title or Position

6130 Flamingo Rd. #732	Las Vegas	Nevada	89103
------------------------	-----------	--------	-------

Street Address	City	Zip Code
----------------	------	----------

		Nevada	
--	--	--------	--

Mailing Address (if different from street address)	City	Zip Code
--	------	----------

5. Signature of Represented Entity: (required)

Authorized Signature

8/20/15

Date

6. Registered Agent Acceptance: (required)

I hereby accept appointment as Registered Agent for the above named Entity.

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

Date

8/20/15

FEE: \$60.00

This form must be accompanied by appropriate fees.



130205



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Filed in the office of

Barbara K. Cegavske

Barbara K. Cegavske
 Secretary of State
 State of Nevada

Document Number

20160317379-29

Filing Date and Time

07/18/2016 2:11 PM

Entity Number

Redacted

Certificate of Dissolution

(PURSUANT TO NRS 78.580)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Dissolution
For a Nevada Profit Corporation
Before or After Issuance of Stock and After Beginning of Business
(Pursuant to NRS 78.580)

1. Name of corporation:

EMP MEDIA, INC.

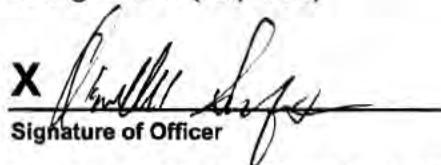
2. Entity or NV I.D. number: Redacted

3. The resolution to dissolve said corporation has been approved by the directors or both the directors and stockholders as provided in NRS 78.580(1) and (2). The names and addresses of the **president, secretary, treasurer and all directors*** are:

Neil Infante	6130 Flamingo Rd. #732, Las Vegas, NV 89103
Name of president	Address
Neil Infante	6130 Flamingo Rd. #732, Las Vegas, NV 89103
Name of secretary	Address
Neil Infante	6130 Flamingo Rd. #732, Las Vegas, NV 89103
Name of treasurer	Address
Neil Infante	6130 Flamingo Rd. #732, Las Vegas, NV 89103
Name of director	Address
Name of additional director, if any	Address

3. Effective date and time of dissolution: (optional) Date: **7/7/16** Time: **5 pm PST**
 (must not be later than 90 days after the certificate is filed)

4. Signature: (required)


X _____
 Signature of Officer

7/7/16

Date

*attach a plain 8 1/2" x 11" sheet to list additional directors.

FILING FEE: \$100.00**IMPORTANT:** Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State Dissolution Profit-After
Revised: 1-26-16

ATTACHMENT JJ

2013-Sep-14 11:25 AM bank of america 702 352-0626

27/30

Redacted Personal Info.



BANK OF AMERICA, N.A. (THE "BANK")

Business Signature Card
with Substitute Form W-9

Account Number: Redacted

Bank Number: Redacted

Account Type: DDA SAV CD

Account Title:

EMP MEDIA, INC

Legal Designation:

- Individual/Sole Proprietor Trust/Estate Unincorporated Association C Corporation S Corporation
- Partnership (Enter the type of partnership: General, LP, LLP or LLC) _____
- Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership or M=Single Member Sole Proprietor) _____
- Other (Defined in W-9 Instructions) _____

Social Security Number _____ (or) Employer Identification Number Redacted

By signing below, I/we acknowledge and agree that this account is and will be governed by the terms and conditions set forth in the account opening documents for my/our account, as they are amended from time to time. The account opening documents include the Deposit Agreement and Disclosures and the Business Schedule of Fees. Furthermore, I/we acknowledge the receipt of these documents. By signing below, I/we acknowledge and agree that the signature(s) will serve as verification for any transactions in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported. The Deposit Agreement includes a provision for alternative dispute resolution.

Substitute Form W-9. Certification - Under penalties of perjury, I certify that: (1) The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US citizen or other US person (Defined in the W-9 instructions).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. (Please refer to the IRS instructions for Form W-9).

 Exempt Payee (check if applicable)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

 Nonresident Alien Status (If applicable) If the beneficial owner of this account is a foreign person, check here, and complete and sign the applicable Form(s) W-8.

Name (typed or printed)

Title (if applicable)

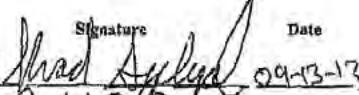
Signature

Date

1 SHAD APPLEGATE

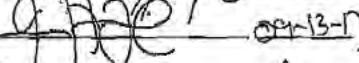
MANAGER

SECRETARY


Shad Applegate 09-13-13

2 JASON HOWARD FISHER

AUTH SIGNER


Jason Howard Fisher 09-13-13

3 _____

4 _____

5 _____

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NNV
00-14-9297M 02-2013

Page 1 of 2

2013-Sep-14 11:25 AM bank of america 702 352-0626

28/30

Account Number: Redacted Signature Card Addendum on File

ATM/Deposit/Debit Card Request

Provided that the account referenced above is eligible to receive automated teller machine cards and/or Debit Cards, I (as authorized by the resolutions and/or court documents and/or other agreements which authorize this account) hereby request the issuance of such cards to any of the authorized signers on this account.

Authorized Signer

secretary

Title

Review Information

Customer 1:

Name SHAD APPLEGATEID Type: US Driver License W/Photo ID# Redacted ID Issuer: Arizona Iss. Date: 03/2008 Exp. Date: 03/2038ID Type: BOA ATM/Cash No Photo ID# Redacted ID Issuer: BOA VISA DEBIT CARD Iss. Date: N/A Exp. Date: 07/2017

Customer 2:

Name JASON HOWARD FISHERID Type: US Driver License W/Photo ID# Redacted ID Issuer: Nevada Iss. Date: 10/2011 Exp. Date: 05/2015ID Type: Major Fin'l Credit Cc ID# Redacted ID Issuer: AMEX CREDIT CARD Iss. Date: N/A Exp. Date: 01/2016

Customer 3:

Name _____

ID Type: _____ ID# _____ ID Issuer: _____ Iss. Date: _____ Exp. Date: _____

ID Type: _____ ID# _____ ID Issuer: _____ Iss. Date: _____ Exp. Date: _____

Customer 4:

Name _____

ID Type: _____ ID# _____ ID Issuer: _____ Iss. Date: _____ Exp. Date: _____

ID Type: _____ ID# _____ ID Issuer: _____ Iss. Date: _____ Exp. Date: _____

Customer 5:

Name _____

ID Type: _____ ID# _____ ID Issuer: _____ Iss. Date: _____ Exp. Date: _____

ID Type: _____ ID# _____ ID Issuer: _____ Iss. Date: _____ Exp. Date: _____

Bank Information

Date 09/13/2013Banking Center Name TROPICANA / DECATURAssociate's Name Hanna AshtarieAssociate's Phone Number 703-664-3000NNV
00-14-9297M 02-2013

Page 2 of 2

2013-Sep-14 11:25 AM bank of america 702 352-0626

29/30

Redacted Personal Information



BANK OF AMERICA, N.A. ("THE BANK")

Certified Copy of Corporate Resolutions - Opening
and Maintaining Deposit Accounts and ServicesName of Corporation EMP MEDIA, INCI, the undersigned, hereby certify to BANK OF AMERICA, N.A.

that I am the Secretary/Assistant Secretary and the designated keeper of the records and minutes of

AAC

EMP MEDIA, INC

duly organized and existing under the laws of the

State of Virginia (the "Corporation"); that the following is a true copy of resolutions duly adopted by the Board ofDirectors of said Corporation at a meeting duly held on the 12 day of Sept 2013, at which a quorum was present and acted throughout or adopted by the unanimous written consent of the Board of Directors; and that such resolutions are in full force and effect and have not been amended or rescinded.

1. Resolved, that BANK OF AMERICA, N.A. (the "Bank") is hereby designated as a depository of the Corporation and that deposit accounts and/or time deposits (CDs) be opened and maintained in the name of this Corporation with Bank in accordance with the terms of the Bank's Deposit Agreement and Disclosures and the applicable rules and regulations for such accounts; that any one of the following officers or employees of the Corporation:

Shad Applegate

Name

Secretary

Title

Jason Howard Fisher

Name

Auth Slaney

Title

Name

Title

Name

Title

is hereby authorized, on behalf of this Corporation and in its name, to execute and to sign any application, deposit agreement, signature card and any other documentation required by Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Corporation for deposit with Bank or for collection or discount by Bank; to accept drafts, acceptances, and other instruments payable at Bank; to place orders with Bank for the purchase and sale of foreign currencies on behalf of this Corporation; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Corporation; to obtain an access device (including but not limited to a card, code, or other means of access to the Corporation's accounts) that may be used for the purpose of initiating electronic fund transfers [Corporation agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1593 et seq.) nor Regulation E (12 C.R.R. Part 205) are applicable to any such access device]; to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time such persons who may request, wires of funds; to enter into any agreements with the Bank for the provision by Bank of various Treasury Management services to this Corporation as such officer or employee may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Corporation's obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by Bank and that such termination shall not affect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter in to whatever other agreements relating to the accounts or investment of funds in such accounts with Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Corporation upon such terms and conditions as such officer or employee may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the officer or employee deems necessary; and to waive presentation, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Corporation; and

2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for money orders or other instruments all instruments signed in accordance with the foregoing resolutions even though such payment may create an overdraft or even though such instruments may be drawn or endorsed to the order of any officer or employee signing the same or rendered by such officer or employee or a third party for exchange or cashing, or in payment of the individual obligation of such officer or employee, or for deposit to such officer's or employee's personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing resolutions or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an above authorized officer or employee; and

3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Corporation's name, including those payable to the individual order of any person whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an officer or employee authorized in the foregoing resolutions and Bank shall be entitled to honor, to treat as authorized, and to charge this Corporation for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the Secretary or Assistant Secretary or other officer of this Corporation or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Corporation's name, which check, draft, or other order was accepted and paid without timely objection by the Corporation, thereby ratifying the use of such facsimile signature; and the Corporation hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

MNY

00-14-9012M 02-2011



2013-Sep-14 11:25 AM bank of america 702 352-0626

30/30

Redacted Personal Information

4. Further Resolved, that endorsements for deposit may be evidenced by the name of the Corporation being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and

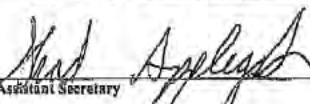
5. Further Resolved, that the Secretary or Assistant Secretary of this Corporation shall certify to Bank names and signatures of persons authorized to act on behalf of this Corporation under the foregoing resolutions and shall from time to time hereafter, as changes in the identity of said officers and employees are made, immediately report, furnish and certify such changes to Bank and shall submit to Bank a new account signature card reflecting such change(s) in order to make such changes effective and Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any officer or employee so certified, or refusing to honor any signature not so certified; and

6. Further Resolved, the foregoing resolutions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by said Bank prior thereto; and

7. Further Resolved, that all transactions by any officer or employee of this Corporation on its behalf and in its name with Bank prior to the delivery to Bank of a certified copy of the foregoing resolutions are, in all respects, hereby ratified, confirmed, approved and adopted; and

8. Further Resolved, that the Secretary or Assistant Secretary be and hereby is authorized and directed to certify those resolutions to said Bank and that the provisions hereof are in conformity with the Charter or Articles of Incorporation and Bylaws of this Corporation and that the Secretary or Assistant Secretary be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of this Corporation, this 13 day of Sept 2013.


Secretary/Assistant Secretary

S. A.
(Corporate Seal) No Corporate Seal



Bank Information	
Date	09/13/2013
Banking Center Name:	TROPICANA / DECATUR
Associate's Name	Hanna Ashagri
Associate's Phone Number	702-654-5000

00-14-9012M 02-2011

Bank of America Legal Order Processing

RE: Reference # D050916000625

Court Case number:

Court or Issuer: FEDERAL TRADE COMMISSION

Court Case Name: EMP MEDIA

AFFIDAVIT OF BANK OF AMERICA BANK OFFICER AND/OR CUSTODIAN OF RECORDS

Before me, the undersigned authority, personally appeared,

Lytiasha Jones

Who, being duly sworn by me, deposes and says as follows:

1.) **Authority.** I, Lytiasha Jones, am a duly authorized bank officer and/or custodian of the records of Bank of America N.A with authority to execute this affidavit and certify to the authenticity and accuracy of the records produced with this affidavit.

2.) **Records.** The records produced herewith by Bank of America, N.A. are original documents or are true copies of records of a regularly conducted banking activity that:

- a.) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
- b.) Were made and kept in the course of regularly conducted banking activity by Bank of America, N.A. personnel or by persons acting under their control; and
- c.) Were made and kept by the regularly conducted activity of Bank of America N.A. as a regular practice, on or about the time of the act, condition, or event recorded.

Additional Comments: These records include:

- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 2477 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS FOR ACCOUNT ENDING IN 3162 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS FOR ACCOUNT ENDING IN 8159 IN THE NAME OF HOT MEDIA LTD FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- BANK STATEMENTS, DEPOSITS WITH OFFSETS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 4672 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JULY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- CERTIFICATION OF BUSINESS, BANK STATEMENTS FOR ACCOUNT ENDING IN 4532 IN THE NAME OF EMP MEDIA INC FOR THE TIME FRAME OF AUGUST 2015 THRU APRIL 2016 (RECORD PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSIT WITH OFFSETS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 6721 IN THE NAME OF WEB TRAFFICE NETWORKS, LLC FOR THE TIME FRAME OF JUNE 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 2472 IN THE NAME OF DIRO MEDIA LLC FOR THE TIME FRAME OF JANAUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BAMP STATEMENTS FOR ACCOUNT ENDING IN 3717 IN THE NAME OF ADT SEARCH MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)

3.) **Production**

The records produced herewith (together with any banking records produced by Bank of America N.A. previously in response to the subject request, order, or subpoena) constitute a complete production of bank records responsive to the subject request order or subpoena (or a complete production under the terms of a subject request, order, subpoena as subsequently limited by the issuer).

OR

A thorough search has been conducted and no records could be located that are responsive to the subject request, order, or subpoena.

4.) I declare under penalty of perjury that the foregoing is true and correct.

Date: 5/17/2016 Signature: Sean C. Rash

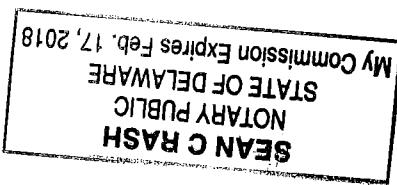
The above named Bank of America N.A. bank officer and/or custodian of records is known to me (or satisfactorily proven) to be the person who subscribed the within document and acknowledged to me that he/she executed the same for the purposes stated there in.

Signer is personally known to me.

Signer has produced the following identification:

Sworn to and subscribed before me this 17 day of May, 2016. In witness thereof I have set my hand and official seal.

Sean C. Rash
Signature of Notary Public in and for
State of Delaware
City/County of Newark/New Castle
My Commission Expires _____





May 17, 2016

FEDERAL TRADE COMMISSION
MEGAN COX
600 PENNSYLVANIA AVE, MAIL STOP CC-8232
WASHINGTON, DC 20580

Regarding reference number: D050916000625
Case name: EMP MEDIA
Case number:
Customer name: DIRO MEDIA LLC, WEB TRAFFIC NETWORKS LLC, EMP MEDIA, INC, HOT MEDIA LTD, ADT SEARCH MEDIA, INC

Enclosed are the documents requested in the subpoena/legal request issued in the above case.

What you need to know

We consider your receipt of these records compliance with the above referenced subpoena/legal request and our file is now closed for this matter.

NOTE: THE BANK DOES NOT POSSESS ANY OF THE FOLLOWING:

*CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 3162 IN THE NAME OF EMP MEDIA, INC
*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 8159 IN THE NAME OF HOT MEDIA LTD *SIGNATURE CARD, CORPORATE RESOLUTION, CANCELLED CHECKS FOR ACCOUNT ENDING IN 4672 IN THE NAME OF EMP MEDIA, INC *DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 4532 IN THE NAME OF EMP MEDIA, INC *CANCELLED CHECKS FOR ACCOUNT ENDING IN 6721 IN THE NAME OF WEB TRAFFIC NETWORKS, LLC
*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 3717 IN THE NAME OF ADT SEARCH MEDIA, INC.

What you need to do

If you need to forward any additional correspondence to us regarding this case, please mail it to the following address:

Bank of America
DE5-024-02-08
P.O. Box 15047
Wilmington, DE 19850

Questions?

If you have any questions, please call us at 213-580-0702. We're available Monday through Friday 9 a.m. to 5 p.m. local time. When contacting us regarding this notice, please use the reference number listed above.

Legal Order Processing

ATTACHMENT KK

2012-Dec-18 09:00 AM bank of america 702 352-0626

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BANK OF AMERICA, N.A. (THE "BANK")

Business Signature Card
with Substitute Form W-9Account Number: RedactedBank Number: Account Type: DDA SAV CD

Account Title:

EMP MEDIA, INC

DBA INTERNET SECRETS

Legal Designations:

- Individual/Sole Proprietor Trust/Estate Unincorporated Association C Corporation S Corporation
- Partnership (Enter the type of partnership: General, LP, LLP or LLLP) _____
- Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership or M=Single Member Sole Proprietor) _____
- Other (Defined in W-9 instructions) _____

Social Security Number _____ (or) Employer Identification Number Redacted

By signing below, I/we acknowledge and agree that this account is and will be governed by the terms and conditions set forth in the account opening documents for my/our account, as they are amended from time to time. The account opening documents include the Deposit Agreement and Disclosures and the Business Schedule of Fees. Furthermore, I/we acknowledge the receipt of these documents. By signing below, I/we acknowledge and agree that the signature(s) will serve as verification for any transactions in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported. The Deposit Agreement includes a provision for alternative dispute resolution.

Substitute Form W-9. Certification - Under penalties of perjury, I certify that: (1) The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US citizen or other US person (Defined in the W-9 Instructions).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. (Please refer to the IRS instructions for Form W-9).

 Exempt Payee (check if applicable)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

 Nonresident Alien Status (if applicable) If the beneficial owner of this account is a foreign person, check here, and complete and sign the applicable Form(s) W-8.

Name (typed or printed)

Title (if applicable)

Signature

Date

1 SHAD APPLEGATE

PRESIDENT/SECRETARY

Shad Applegate 12/14/12

2 Bogdan A. Proncs

Authorized Signer Bogdan Pal 12/14/12

3

4

5

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Page 1 of 2

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 Signature Card Addendum on File

Redacted Personal Information

ATM/Deposit/Debit Card Request

Provided that the account referenced above is eligible to receive automated teller machine cards and/or Debit Cards, I (as authorized by the resolutions and/or court documents and/or other agreements which authorize this account) hereby request the issuance of such cards to any of the authorized signers on this account.

Authorized Signer

Shad Applegate

Title

President /Secretary

Review Information

Customer 1:

Name SHAD APPLEGATE

ID Type: US Driver License W/Photo ID#: Redacted JD Issuer: AZ Iss. Date: 03/2008 Exp. Date: 03/2016

ID Type: BOA ATM/Ckcd No Photo ID#: [REDACTED] JD Issuer: BOFA Iss. Date: N/A Exp. Date: 10/2016

Customer 2:

Name Boydau A. Prunes .

ID Type: US DL ID#: Redacted JD Issuer: NV Iss. Date: 10/09 Exp. Date: 10/13

ID Type: Visa Debit Card ID#: Redacted JD Issuer: Wells fargo Iss. Date: N/A Exp. Date: 6/13

Customer 3:

Name _____

ID Type: _____ ID#: _____ JD Issuer: _____ Iss. Date: _____ Exp. Date: _____

ID Type: _____ ID#: _____ JD Issuer: _____ Iss. Date: _____ Exp. Date: _____

Customer 4:

Name _____

ID Type: _____ ID#: _____ JD Issuer: _____ Iss. Date: _____ Exp. Date: _____

ID Type: _____ ID#: _____ JD Issuer: _____ Iss. Date: _____ Exp. Date: _____

Customer 5:

Name _____

ID Type: _____ ID#: _____ JD Issuer: _____ Iss. Date: _____ Exp. Date: _____

ID Type: _____ ID#: _____ JD Issuer: _____ Iss. Date: _____ Exp. Date: _____

Bank Information

Date 12/14/2012

Banking Center Name TROPICANA / DECATUR

Associate's Name IMRAN IQBAL

Associate's Phone Number 702-352-0617

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Page 2 of 2

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Redacted Personal Information

BANK OF AMERICA, N.A. (THE "BANK")

Certified Copy of Corporate Resolutions - Opening
and Maintaining Deposit Accounts and ServicesName of Corporation EMP MEDIA, INCI, the undersigned, hereby certify to BANK OF AMERICA, N.A.that I am the Secretary/Assistant Secretary and the designated keeper of the records and minutes of EMP MEDIA, INC, duly organized and existing under the laws of theState of Nebraska (the "Corporation"); that the following is a true copy of resolutions duly adopted by the Board of Directors of said Corporation at a meeting duly held on the 14 day of Dec., 2012, at which a quorum was present and acted throughout or adopted by the unanimous written consent of the Board of Directors; and that such resolutions are in full force and effect and have not been amended or rescinded.

1. Resolved, that BANK OF AMERICA, N.A. (the "Bank") is hereby designated as a depository of the Corporation and that deposit accounts and/or time deposits (CDs) be opened and maintained in the name of this Corporation with Bank in accordance with the terms of the Bank's Deposit Agreement and Disclosures and the applicable rules and regulations for such accounts; that any one of the following officers or employees of the Corporation:

Shad ApplegateBogdan A. Prunes.President / SecretaryAuthorized Signer.

Name

Title

Name

Title

Name

Title

is hereby authorized, on behalf of this Corporation and in its name, to execute and to sign any application, deposit agreement, signature card and any other documentation required by Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Corporation for deposit with Bank or for collection or discount by Bank; to accept drafts, acceptances, and other instruments payable at Bank; to place orders with Bank for the purchase and sale of foreign currencies on behalf of this Corporation; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Corporation; to obtain an access device (including but not limited to a card, code, or other means of access to the Corporation's account(s) that may be used for the purpose of initiating electronic fund transfers [Corporation agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device]); to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time such persons who may request, wires of funds; to enter into any agreements with the Bank for the provision by Bank of various Treasury Management services to this Corporation as such officer or employee may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Corporation's obligations thereunder; and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by Bank and that such termination shall not affect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter in to whatever other agreements relating to the accounts or investment of funds in such accounts with Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Corporation upon such terms and conditions as such officer or employee may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the officer or employee deems necessary; and to waive presentment, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Corporation; and

2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for money orders or other instruments all instruments signed in accordance with the foregoing resolutions even though such payment may create an overdraft or even though such instruments may be drawn or endorsed to the order of any officer or employee signing the same or tendered by such officer or employee or a third party for exchange or cashing, or in payment of the individual obligation of such officer or employee, or for deposit to such officer's or employee's personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing resolutions or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an above authorized officer or employee; and

3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Corporation's name, including those payable to the individual order of any person whose name appears thereon as signer thereto, when bearing or purporting to bear the facsimile signature of an officer or employee authorized in the foregoing resolutions and Bank shall be entitled to honor, to treat as authorized, and to charge this Corporation for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the Secretary or Assistant Secretary or other officer of this Corporation or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Corporation's name, which check, draft, or other order was accepted and paid without timely objection by the Corporation, thereby ratifying the use of such facsimile signature; and the Corporation hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

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2012-Dec-18 09:00 AM bank of america 702 352-0626

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Redacted Personal Information

4. Further Resolved, that endorsements for deposit may be evidenced by the name of the Corporation being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and

5. Further Resolved, that the Secretary or Assistant Secretary of this Corporation shall certify to Bank names and signatures of persons authorized to act on behalf of this Corporation under the foregoing resolutions and shall from time to time hereafter, as changes in the identity of said officers and employees are made, immediately report, furnish and certify such changes to Bank and shall submit to Bank a new account signature card reflecting such change(s) in order to make such changes effective and Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any officer or employee so certified, or refusing to honor any signature not so certified; and

6. Further Resolved, the foregoing resolutions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by said Bank prior thereto; and

7. Further Resolved, that all transactions by any officer or employee of this Corporation on its behalf and in its name with Bank prior to the delivery to Bank of a certified copy of the foregoing resolutions are, in all respects, hereby ratified, confirmed, approved and adopted; and

8. Further Resolved, that the Secretary or Assistant Secretary be and hereby is, authorized and directed to certify these resolutions to said Bank and that the provisions hereof are in conformity with the Charter or Articles of Incorporation and Bylaws of this Corporation and that the Secretary or Assistant Secretary be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of this Corporation, this 14 day of Dec., 2012.


Ned Aqibal
Secretary/Assistant Secretary

SA
(Corporate Seal)

NO COPY Seal



Bank Information

Date	12/14/2012
Banking Center Name	TROPICANA / DECATUR
Associate's Name	IMRAN IQBAL
Associate's Phone Number	702-352-0617

00-14-9012M 02-2011

Bank of America Legal Order Processing

RE: Reference # D050916000625

Court Case number:

Court or Issuer: FEDERAL TRADE COMMISSION

Court Case Name: EMP MEDIA

AFFIDAVIT OF BANK OF AMERICA BANK OFFICER AND/OR CUSTODIAN OF RECORDS

Before me, the undersigned authority, personally appeared,

Lytiasha Jones

Who, being duly sworn by me, deposes and says as follows:

1.) **Authority.** I, Lytiasha Jones, am a duly authorized bank officer and/or custodian of the records of Bank of America N.A with authority to execute this affidavit and certify to the authenticity and accuracy of the records produced with this affidavit.

2.) **Records.** The records produced herewith by Bank of America, N.A. are original documents or are true copies of records of a regularly conducted banking activity that:

- a.) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
- b.) Were made and kept in the course of regularly conducted banking activity by Bank of America, N.A. personnel or by persons acting under their control; and
- c.) Were made and kept by the regularly conducted activity of Bank of America N.A. as a regular practice, on or about the time of the act, condition, or event recorded.

Additional Comments: These records include:

- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 2477 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS FOR ACCOUNT ENDING IN 3162 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS FOR ACCOUNT ENDING IN 8159 IN THE NAME OF HOT MEDIA LTD FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- BANK STATEMENTS, DEPOSITS WITH OFFSETS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 4672 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JULY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- CERTIFICATION OF BUSINESS, BANK STATEMENTS FOR ACCOUNT ENDING IN 4532 IN THE NAME OF EMP MEDIA INC FOR THE TIME FRAME OF AUGUST 2015 THRU APRIL 2016 (RECORD PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSIT WITH OFFSETS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 6721 IN THE NAME OF WEB TRAFFICE NETWORKS, LLC FOR THE TIME FRAME OF JUNE 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 2472 IN THE NAME OF DIRO MEDIA LLC FOR THE TIME FRAME OF JANAUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BAMP STATEMENTS FOR ACCOUNT ENDING IN 3717 IN THE NAME OF ADT SEARCH MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)

3.) **Production**

The records produced herewith (together with any banking records produced by Bank of America N.A. previously in response to the subject request, order, or subpoena) constitute a complete production of bank records responsive to the subject request order or subpoena (or a complete production under the terms of a subject request, order, subpoena as subsequently limited by the issuer).

OR

A thorough search has been conducted and no records could be located that are responsive to the subject request, order, or subpoena.

4.) I declare under penalty of perjury that the foregoing is true and correct.

Date: 5/17/2016 Signature: Sean Rash

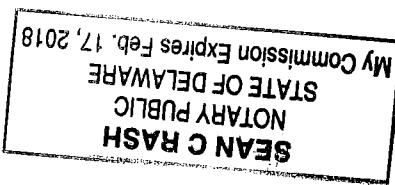
The above named Bank of America N.A. bank officer and/or custodian of records is known to me (or satisfactorily proven) to be the person who subscribed the within document and acknowledged to me that he/she executed the same for the purposes stated there in.

Signer is personally known to me.

Signer has produced the following identification:

Sworn to and subscribed before me this 17 day of May 2016. In witness thereof I have set my hand and official seal.

Sean Rash
Signature of Notary Public in and for
State of Delaware
City/County of Newark/New Castle
My Commission Expires _____





May 17, 2016

FEDERAL TRADE COMMISSION
MEGAN COX
600 PENNSYLVANIA AVE, MAIL STOP CC-8232
WASHINGTON, DC 20580

Regarding reference number: D050916000625
Case name: EMP MEDIA
Case number:
Customer name: DIRO MEDIA LLC, WEB TRAFFIC NETWORKS LLC, EMP MEDIA, INC, HOT MEDIA LTD, ADT SEARCH MEDIA, INC

Enclosed are the documents requested in the subpoena/legal request issued in the above case.

What you need to know

We consider your receipt of these records compliance with the above referenced subpoena/legal request and our file is now closed for this matter.

NOTE: THE BANK DOES NOT POSSESS ANY OF THE FOLLOWING:

*CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 3162 IN THE NAME OF EMP MEDIA, INC
*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 8159 IN THE NAME OF HOT MEDIA LTD *SIGNATURE CARD, CORPORATE RESOLUTION, CANCELLED CHECKS FOR ACCOUNT ENDING IN 4672 IN THE NAME OF EMP MEDIA, INC *DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 4532 IN THE NAME OF EMP MEDIA, INC *CANCELLED CHECKS FOR ACCOUNT ENDING IN 6721 IN THE NAME OF WEB TRAFFIC NETWORKS, LLC
*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 3717 IN THE NAME OF ADT SEARCH MEDIA, INC.

What you need to do

If you need to forward any additional correspondence to us regarding this case, please mail it to the following address:

Bank of America
DE5-024-02-08
P.O. Box 15047
Wilmington, DE 19850

Questions?

If you have any questions, please call us at 213-580-0702. We're available Monday through Friday 9 a.m. to 5 p.m. local time. When contacting us regarding this notice, please use the reference number listed above.

Legal Order Processing

ATTACHMENT LL

BankofAmerica-East1a 8/4/2015 11:15:11 AM PAGE 28/033 888-294-5658

Redacted Personal Information

Certificate of Business: Fictitious Firm Name

Please Select One:

 New Application Renewal of existing fictitious firm name

Please Print or Type

The expiration date for such certificates shall be the last day of the sixtieth month from the date of filing.

The undersigned do/does hereby certify EMP MEDIA, INC

(Name of individual, corporation, partnership or trust)

with a mailing address of 6130 W FLAMINGO RD #732 LAS VEGAS NV 89103

(Mailing Address for notification of renewal) (Street) (City) (State) (Zip)

is/are conducting business in Clark County, Nevada, under the fictitious name of

POST MY AD

(Fictitious Firm Name) or (Doing Business As)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

(1) BRAD LAMBERT, DIRECTOR

Full Name and title (Type or Print)

6130 W FLAMINGO RD #732

Street Address of Business or Residence

Signature

BRAD LAMBERT

7-7-2015

Date

B9103

Mailing Address, if different from above

City, State, Zip

(2)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(3)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

(4)

Full Name and title (Type or Print)

Signature

Date

Street Address of Business or Residence

City, State, Zip

Mailing Address, if different from above

City, State, Zip

RECEIVED
JUL 07 2015
COUNTY CLERKMail to: Lynn Marie Goya, County Clerk, Attn: FFN, P.O. Box 551604, Las Vegas NV 89155-1604
Include: Filing Fee of \$20.00, original certificate plus 2 photocopies of the signed certificate and a self-addressed stamped envelopeLynn Marie Goya, County Clerk
07/07/2015 03:24:24 PM

2015070719010256-0

Bank of America Legal Order Processing

RE: Reference # D050916000625

Court Case number:

Court or Issuer: FEDERAL TRADE COMMISSION

Court Case Name: EMP MEDIA

AFFIDAVIT OF BANK OF AMERICA BANK OFFICER AND/OR CUSTODIAN OF RECORDS

Before me, the undersigned authority, personally appeared,

Lytiasha Jones

Who, being duly sworn by me, deposes and says as follows:

1.) **Authority.** I, Lytiasha Jones, am a duly authorized bank officer and/or custodian of the records of Bank of America N.A with authority to execute this affidavit and certify to the authenticity and accuracy of the records produced with this affidavit.

2.) **Records.** The records produced herewith by Bank of America, N.A. are original documents or are true copies of records of a regularly conducted banking activity that:

- a.) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
- b.) Were made and kept in the course of regularly conducted banking activity by Bank of America, N.A. personnel or by persons acting under their control; and
- c.) Were made and kept by the regularly conducted activity of Bank of America N.A. as a regular practice, on or about the time of the act, condition, or event recorded.

Additional Comments: These records include:

- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 2477 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS FOR ACCOUNT ENDING IN 3162 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS FOR ACCOUNT ENDING IN 8159 IN THE NAME OF HOT MEDIA LTD FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- BANK STATEMENTS, DEPOSITS WITH OFFSETS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 4672 IN THE NAME OF EMP MEDIA, INC FOR THE TIME FRAME OF JULY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- CERTIFICATION OF BUSINESS, BANK STATEMENTS FOR ACCOUNT ENDING IN 4532 IN THE NAME OF EMP MEDIA INC FOR THE TIME FRAME OF AUGUST 2015 THRU APRIL 2016 (RECORD PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSIT WITH OFFSETS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 6721 IN THE NAME OF WEB TRAFFICE NETWORKS, LLC FOR THE TIME FRAME OF JUNE 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BANK STATEMENTS, DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 2472 IN THE NAME OF DIRO MEDIA LLC FOR THE TIME FRAME OF JANAUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)
- SIGNATURE CARD AND CORPORATE RESOLUTION, BAMP STATEMENTS FOR ACCOUNT ENDING IN 3717 IN THE NAME OF ADT SEARCH MEDIA, INC FOR THE TIME FRAME OF JANUARY 2014 THRU APRIL 2016 (RECORDS PRODUCED ELECTRONICALLY-SEE CD)

3.) **Production**

The records produced herewith (together with any banking records produced by Bank of America N.A. previously in response to the subject request, order, or subpoena) constitute a complete production of bank records responsive to the subject request order or subpoena (or a complete production under the terms of a subject request, order, subpoena as subsequently limited by the issuer).

OR

A thorough search has been conducted and no records could be located that are responsive to the subject request, order, or subpoena.

4.) I declare under penalty of perjury that the foregoing is true and correct.

Date: 5/17/2016 Signature: Sean Rash

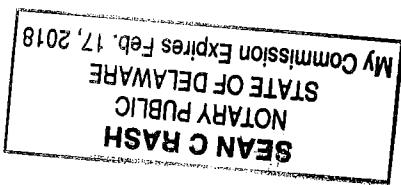
The above named Bank of America N.A. bank officer and/or custodian of records is known to me (or satisfactorily proven) to be the person who subscribed the within document and acknowledged to me that he/she executed the same for the purposes stated there in.

Signer is personally known to me.

Signer has produced the following identification:

Sworn to and subscribed before me this 17 day of May, 2016. In witness thereof I have set my hand and official seal.

Sean Rash
Signature of Notary Public in and for
State of Delaware
City/County of Newark/New Castle
My Commission Expires _____





May 17, 2016

FEDERAL TRADE COMMISSION
MEGAN COX
600 PENNSYLVANIA AVE, MAIL STOP CC-8232
WASHINGTON, DC 20580

Regarding reference number: D050916000625
Case name: EMP MEDIA
Case number:
Customer name: DIRO MEDIA LLC, WEB TRAFFIC NETWORKS LLC, EMP MEDIA, INC, HOT MEDIA LTD, ADT SEARCH MEDIA, INC

Enclosed are the documents requested in the subpoena/legal request issued in the above case.

What you need to know

We consider your receipt of these records compliance with the above referenced subpoena/legal request and our file is now closed for this matter.

NOTE: THE BANK DOES NOT POSSESS ANY OF THE FOLLOWING:

*CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 3162 IN THE NAME OF EMP MEDIA, INC
*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 8159 IN THE NAME OF HOT MEDIA LTD *SIGNATURE CARD, CORPORATE RESOLUTION, CANCELLED CHECKS FOR ACCOUNT ENDING IN 4672 IN THE NAME OF EMP MEDIA, INC *DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 4532 IN THE NAME OF EMP MEDIA, INC *CANCELLED CHECKS FOR ACCOUNT ENDING IN 6721 IN THE NAME OF WEB TRAFFIC NETWORKS, LLC
*DEPOSITS WITH OFFSETS, CANCELLED CHECKS, WIRE TRANSFERS FOR ACCOUNT ENDING IN 3717 IN THE NAME OF ADT SEARCH MEDIA, INC.

What you need to do

If you need to forward any additional correspondence to us regarding this case, please mail it to the following address:

Bank of America
DE5-024-02-08
P.O. Box 15047
Wilmington, DE 19850

Questions?

If you have any questions, please call us at 213-580-0702. We're available Monday through Friday 9 a.m. to 5 p.m. local time. When contacting us regarding this notice, please use the reference number listed above.

Legal Order Processing

ATTACHMENT MM



P.O. Box 16284
Wilmington, DE 19850

Customer service information

1.888.BUSINESS (1.888.287.4637)

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

EMP MEDIA, INC.
DBA T & A MEDIA
6130 W FLAMINGO RD # 732
LAS VEGAS, NV 89103-2280

Your Business Advantage Checking

for March 1, 2016 to March 31, 2016

Account number: Redacted Personal Info.

EMP MEDIA, INC DBA T & A MEDIA

Account summary

Beginning balance on March 1, 2016	\$33.88	# of deposits/credits: 2
Deposits and other credits	130.00	# of withdrawals/debits: 5
Withdrawals and other debits	-98.93	# of items-previous cycle ¹ : 0
Checks	-0.00	# of days in cycle: 31
Service fees	-64.95	Average ledger balance: \$18.26
Ending balance on March 31, 2016	\$0.00	¹ Includes checks paid, deposited items&other debits

Simplify payroll so you can easily run it yourself

Run payroll, view balances, file taxes and more with Payroll Services by Intuit®. It's easy to learn and easy to use with Small Business Online Banking.

Call 866.700.2142 or visit bankofamerica.com/payroll today.

Intuit Payroll

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IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking. Or, you can call our Customer Service team.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree to not make a claim against us for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

© 2016 Bank of America Corporation

Bank of America, N.A. Member FDIC and  Equal Housing Lender



Your checking account

EMP MEDIA, INC | Account # Redacted | March 1, 2016 to March 31, 2016

Deposits and other credits

Date	Description	Amount
03/02/16	Online Banking transfer from CHK 2477 Confirmation# 3991940625	30.00
03/04/16	Online Banking transfer from CHK 2477 Confirmation# 3910770568	100.00
	Total deposits and other credits	\$130.00

Withdrawals and other debits

Date	Description	Amount
03/02/16	ePN DES:Fees ID:0912650 INDN:TNA Media CO ID:9010794001 CCD	-20.00
03/03/16	AUTHNET GATEWAY DES:BILLING ID:47980469 INDN:TNA MEDIA CO ID:1870568569 CCD	-20.00
03/14/16	Online Banking transfer to CHK 2477 Confirmation# 0598425978	-58.93
	Total withdrawals and other debits	-\$98.93

Service fees

Your Overdraft and NSF: Returned Item fees for this statement period and year to date are shown below.

	Total for this period	Total year-to-date
Total Overdraft fees	\$35.00	\$35.00
Total NSF: Returned Item fees	\$0.00	\$0.00

continued on the next page

Small Business
Online Banking

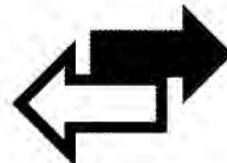
TIP OF THE MONTH

Transferring funds is a snap

Now you can send **transfers** from business accounts to a Bank of America® personal account, including your own.

Later this year, you'll be able to send transfers from your business accounts to any other Bank of America business account and from your personal account to any Bank of America business account.

Click on the **Transfers** tab when logged in at bankofamerica.com/smallbusiness



ARYRNDIV | SSM-02-15-0019.B

Service fees - continued

Date	Transaction description	Amount
03/01/16	Monthly Fee for Business Advantage	-29.95
03/03/16	OVERDRAFT ITEM FEE FOR ACTIVITY OF 03-03	-35.00
Total service fees		-564.95

Note your Ending Balance already reflects the subtraction of Service Fees.

Daily ledger balances

Date	Balance (\$)	Date	Balance(\$)	Date	Balance (\$)
03/01	3.93	03/03	-41.07	03/14	0.00
03/02	13.93	03/04	58.93		

- ✓ To help you BALANCE YOUR CHECKING ACCOUNT, visit bankofamerica.com/statementbalance or the Statements and Documents tab in Online Banking for a printable version of the How to Balance Your Account Worksheet.

Bank of America Legal Order Processing

RE: Reference # D050916000625

Court Case number:

Court or Issuer: FEDERAL TRADE COMMISSION

Court Case Name: EMP MEDIA

AFFIDAVIT OF BANK OF AMERICA BANK OFFICER AND/OR CUSTODIAN OF RECORDS

Before me, the undersigned authority, personally appeared,

Lytiasha Jones

Who, being duly sworn by me, deposes and says as follows:

1.) **Authority.** I, Lytiasha Jones, am a duly authorized bank officer and/or custodian of the records of Bank of America N.A with authority to execute this affidavit and certify to the authenticity and accuracy of the records produced with this affidavit.

2.) **Records.** The records produced herewith by Bank of America, N.A. are original documents or are true copies of records of a regularly conducted banking activity that:

- a.) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
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OR

A thorough search has been conducted and no records could be located that are responsive to the subject request, order, or subpoena.

4.) I declare under penalty of perjury that the foregoing is true and correct.

Date: 5/17/2016 Signature: Sean C. Rash

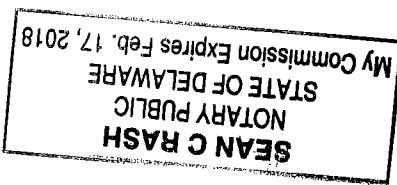
The above named Bank of America N.A. bank officer and/or custodian of records is known to me (or satisfactorily proven) to be the person who subscribed the within document and acknowledged to me that he/she executed the same for the purposes stated there in.

Signer is personally known to me.

Signer has produced the following identification:

Sworn to and subscribed before me this 17 day of May 2016. In witness thereof I have set my hand and official seal.

Sean C. Rash
Signature of Notary Public in and for
State of Delaware
City/County of Newark/New Castle
My Commission Expires _____





May 17, 2016

FEDERAL TRADE COMMISSION
MEGAN COX
600 PENNSYLVANIA AVE, MAIL STOP CC-8232
WASHINGTON, DC 20580

Regarding reference number: D050916000625
Case name: EMP MEDIA
Case number:
Customer name: DIRO MEDIA LLC, WEB TRAFFIC NETWORKS LLC, EMP MEDIA, INC, HOT MEDIA LTD, ADT SEARCH MEDIA, INC

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Bank of America
DE5-024-02-08
P.O. Box 15047
Wilmington, DE 19850

Questions?

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Legal Order Processing